

Speaking the Language of Prevention

The language of HIV prevention has historically been a confusing one. With input from a variety of disciplines including health care, health education, substance abuse treatment, psychology, sociology and local, state and federal governments, it has been difficult to ensure clear communications about prevention. Through work with community-based organizations, we learned that agencies were using the same term to describe very different interventions.

Is prevention case management the same thing as case management? What differentiates a basic outreach from intensive outreach? Is street outreach an intervention or a strategy? These are some of the questions we sought to answer.

The Division of HIV/STD recently adopted an “Intervention Taxonomy” to assist staff and contractors in identifying and describing their programs in a systematic way. The taxonomy was adapted from the Centers for Disease Control and Prevention’s “Suggested Taxonomy for Interventions”. The new document was a collaborative effort with input from VDH staff, the Virginia HIV Community Planning Committee, prevention contractors, and the Survey and Evaluation Research Laboratory. The taxonomy is part of the effort to initiate a statewide HIV prevention evaluation system. Unless all agencies conducting “intensive street outreach” are providing a similar intervention, it would be almost impossible to implement a meaningful outcome evaluation.

The taxonomy developed is described below. Counseling, Testing, Referral and Partner Counseling and Referral Services were not redefined as CDC has provided thorough descriptions and expectations for these interventions.

Virginia HIV Prevention Interventions A Suggested Taxonomy

Category I: Counseling, Testing, Referral and Partner Counseling and Referral Services

- A. Counseling and Testing
- B. Referral
- C. Partner Counseling and Referral Services
- D. Other

Category II: Health Education/Risk Reduction

- A. Individual Level Education: Providing one-to-one personalized education which includes formal/informal assessments and may include HIV/STD awareness, primary and secondary prevention education and referral.

- B. Prevention Case Management (PCM) – A client centered HIV prevention activity with the fundamental goal of promoting the adoption and maintenance of HIV risk reduction behaviors by clients with multiple complex problems and risk reduction needs. PCM is indicated for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition, transmission or re-infection. As a hybrid of HIV risk-reduction counseling and traditional case management, PCM provides intensive on-going individualized prevention counseling, support and service brokerage. This HIV prevention intervention addresses the relationship between HIV risk and other issues such as substance abuse, STD treatment, mental health, and social and cultural factors. Priority for PCM services should be given to HIV positive persons.
- C. Group Level Education – Providing education to two or more individuals in a group setting which includes formal/informal assessments and may include HIV/STD awareness, primary and secondary prevention education and referral.
- D. Street and Community Outreach – The screening and engaging of individuals for the purpose of delivering primary/secondary prevention education, materials and/or referrals usually within a specified location or community.
 - 1. Basic Street Outreach – Consists primarily of contacts during which outreach specialists engage in brief conversations, providing information and literature, condoms, referrals, etc. This type of outreach is important for establishing rapport within a community and building trust with individuals. It can be used as a strategy for bringing clients into other services such as intensive street outreach, counseling and testing, prevention case management, home health parties, and peer education groups. Basic outreach is not expected to change behaviors in and of itself and should not be considered an intervention.
 - 2. Intensive Street Outreach-Includes ongoing encounters in which outreach specialists spend extended periods of time with clients, assess risk, make plans with clients for behavior change, and provide referrals. The outreach specialist and client meet on multiple occasions. Outreach specialists may verify follow-up on referrals and bring individuals into other services. Both process and outcome evaluation should be used in assessing this type of outreach. (The conditions of basic outreach must be met).
 - 3. Facilitative Street Outreach-Street outreach specialists facilitate clients' entrance into services and verify follow-through. (The conditions of basic and intensive street outreach must be met.)
 - 4. Collaborative Street Outreach-An outreach effort that utilizes outreach specialists from various agencies and other health care providers to participate in a tabling or stroll of an already identified and assessed area for the purpose of saturating the area with specific information, (e.g. a major syphilis outbreak has occurred in a residential area, the health department will be providing on-site testing, outreach

specialists would then be pivotal in disseminating information and directions about the testing)

Category III: Health Communications/Public Information

- A. Mass Media-Use of media to reach the public or target populations (includes television, radio, print {newspapers, magazines, billboards, bus placards} and the internet).
- B. Health/Community Fairs-Staffing of information tables or booths which may include interactive activities for the purpose of disseminating verbal and written information to the general public and /or targeted populations. Health/community fairs raise awareness and assist in building relationships within a community. Health/community fairs are not expected to change behaviors but are strategies that may be used as vehicles to recruit persons for other services/programs.
- C. Hotlines-The use of telephones and computer email to provide a responsive, interactive information system for the general public and targeted populations.
- D. Social Marketing- A form of community-level intervention which used techniques adapted from commercial marketing to identify specific audiences called segments, identify their perceived needs, and then construct a program of services, support and communication to meet those perceived needs. Social marketing is a strategy that can be employed to plan effective health communication interventions.
- E. Community Level Interventions-A distinct class of programs characterized by their scope of objectives. A community level intervention is designed to reach a defined community (may be geographic or an identified sub-group) with the intention of altering social norms in that community as a way to influence behavior. A community level intervention may include aspects of other categories, but the combination must be aimed explicitly at community norms in order to be classified as a community level intervention.